

decision for yourself.



Medicare Part D Prescription Plan Worksheet



Toll Free: 1-877-801-0044 Local: 1-931-379-2927 FAX: 931-379-2685 or Email: sctn.ship@sctdd.org

If you would like to have a free **2024** Part D Insurance Plan or Medicare Advantage Plan **Comparison** done to check your prescription Costs, fill out both sides of this form. We **cannot** do a comparison without **all** of this information. **Please complete and return this form by Nov 20, 2023.**

Mail to: SHIP/SMP, 101 Sam Watkins Blvd, Mt Pleasant, TN 38474; FAX: 931-379-2685 or Email: sctn.ship@sctdd.org
Or drop off at the Volunteer Services office at 1222 Trotwood Ave, Building A on the hospital campus in Columbia.

To request an in person appointment fill in the location of Example: Maur			s Center or Maury Reg Completed forms must	
appointments being made.	i y dodiney der	nor center <u></u>	completed forms must	be returned prior to
Name:	Medicare Card	Date o	f Birth:/	
Address: [Please provide the address and zip code you have	on file with	Social Security	/]	
City:	State: TN	Zip:		
Phone:	County:			
SSN Number:			MEDICARE H	EALTH INSURANCE
Email address:			JOHN L SMITH	
What is your Medicare Number?			Medicare Numberi Número de Medicare 1EG4-TE5-MK72 Inhitled tol Con derecho a	Coverage starts/Cobertura empieza
What is your effective Date for Part A? Pa	art B?		PART A PART B	03-03-2016 03-03-2016
Searches will be done using MyMedicare.gov. If you have	e a MyMedic	are.gov Acco	ount already we need	your
User Name: Pas	ssword:			
If you do not have an account, we will make one for you or receive a letter from CMSwelcoming you to MyMedicare we will Not be able to do the comparison for you.				
Do you currently have insurance coverage for Prescription	nsYes	No If ye	es, check any that apply	:
Medicare Part D Plan (name) Medicare Advantage Plan (name)				
MedicaidEmployer/Union Group Health TRICARE for LifeVeterans Administration	n Plan		Employee Health Benef o/Medicare Supplement	
OtherOther This Publication has been created by South Central TN Area Agency on Aging 90SAPG0069-04-00, 2201TNMISH-03, 2201TNMIAA-03, 2201TNMIDR-03, & 90N ervices. Grantees undertaking projects with government sponsorship are en	MPPG0098-01-00 ncouraged to exp	from the US Admi ress freely their fin	nistration for Community Living dings and conclusions. Points o	rant numbers g, Dept of Health & Human f view or opinions do not,
therefore, necessarily represent official ACL policy. TN SHIP/SMP does not end no not pick or recommend a plan for you.				

I am interested in learning about Medicare pres	scription drug co	overage available	through:
☐ Medicare Stand-alone Prescription Drucoverage you want if you want to stay in Original	ug Plans (Part l nal Medicare an	D) - Offers presc d keep your Med	ription drug coverage only. This is th licare Supplement Plan.
☐ Medicare Advantage Plans—Offers covyou may have provider restrictions.	erage for your l	nospital and medi	ical care as well as prescription drugs
□ Both			
Have you applied for Low Income "Extra H If you make less than \$1,843 per month, or \$2,48	elp" assistance 35 as a couple, yo	? Yes	☐ No ☐ r assistance with your prescription drug
Would you like SHIP to assist you in applying	ng for Extra He	elp? Yes \square	No \square
Please provide us with information about yo or attach a print out from your pharmacy.	ur prescription	s and pharmacy	v. Please complete the chart below
Name of Pharmacy I use:			
For Diabetic medications or any medication to	that does not co	ome in pill form-	—list number of vials or pens per
month in the Quantity per Month column. It Generic nameNOT the brand name on the	f you actually to	ake the generic o	of a drugPlease write the
Generic name	nst. It makes a	noge unterence	in the results of the comparison.
NAME OF DRUG		STRENGTH	Quantity per Month
Example: Lipitor	Examp	le: 20 mg	Example: 30 or one per day
	-		
×			
Drug ID:	D- : 13	D-4-8	
Office use only)	Password I	Jale:	

Unless you are New to Medicare Open Enrollment—Oct 15—Dec 7 is the only time most people can enroll in a new Part D or Advantage Plan.

TTY user can dial 7-1-1 for assistance in reaching the SHIP/SMP office. SHIP/SMP office has access to a language interpreting service if needed.